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23595 7590 05/03/2006
NIKOLAI & MERSEREAU, P.A.
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MINNEAPOLIS, MN 55402
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Anna Lemke	(Depositor's name)
<i>Anna Lemke</i>	(Signature)
8-2-06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/749,838	12/31/2003	Hsin-Po Hsieh	CFP-015493 (15745/428)	9440

TITLE OF INVENTION: CAPTIVE COVER FOR A HYPODERMIC NEEDLE OF AN INTRAVENOUS (IV) TUBE ASSEMBLY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	08/03/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
THANH, LOAN H	3763	604-263000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 <u>Alan D. Kamrath</u>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2 <u>NIKOLAI &</u>
	3 <u>MERSEREAU, P.A.</u>

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Biotop Holding Co., Ltd.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Grand Cayman, Cayman Islands

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-1265 (enclose an extra copy of this form).

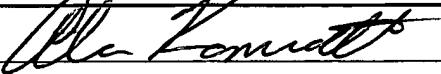
5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____



Date _____

8-2-06

Typed or printed name Alan D. Kamrath

Registration No. 28227

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